

**TOWN OF SEABROOK  
SEWER DEPARTMENT &  
WASTEWATER TREATMENT FACILITY**  
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874  
PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 10/28/2020

APPLICANT / BUSINESS NAME Joseph Francisco

SERVICE ADDRESS 171 Lower Collins St.

MAP 14 LOT 26 SEQ. 100 ZONING DISTRICT 2R IS LOT IN CURRENT USE? Y/ N

MAILING ADDRESS 609 Venoz St. CITY Haverhill STATE MA ZIP 01830

PHONE 978 476 1100 CELL \_\_\_\_\_ EMAIL jfrancisco95@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) \_\_\_\_\_ PHONE \_\_\_\_\_

**TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):**

NEW CONSTRUCTION  RESIDENTIAL SINGLE-FAMILY  RESIDENTIAL MULTI-FAMILY \_\_\_\_\_

CONDO \_\_\_\_\_ MOBILE/MANUFACTURED HOME \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

OTHER (PLEASE DESCRIBE): \_\_\_\_\_

BUILDING SIZE (IN SQUARE FEET) 1,920

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		Misc			
SHOWER/TUB COMBO	<input type="text" value="2"/>	SINKS	<input type="text" value="3"/>	SINKS	<input type="text" value="1"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text" value="0"/>
BATHTUB	<input type="text" value="0"/>	TOILETS	<input type="text" value="3"/>	DISHWASHER	<input type="text" value="1"/>	SINKS	<input type="text" value="0"/>	BAR SINKS	<input type="text" value="0"/>
SHOWER	<input type="text" value="0"/>	URINALS	<input type="text" value="0"/>	OTHER	<input type="text" value="0"/>	OTHER	<input type="text" value="0"/>	POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value="0"/>	BIDET	<input type="text" value="0"/>						

PROPERTY OWNER SIGNATURE [Signature] DATE: 10/28/2020

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 10/28/2020

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) Joseph Francisco

I, Joseph Francisco agree that I will not hold the Seabrook Sewer Department responsible for any damages to my property, which may be incurred during, or as a result of the sewer service installation.

[Signature]  
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$800.00 CASH / CHECK # 1933 DATE RECEIVED 11-4-20 BY S.G.

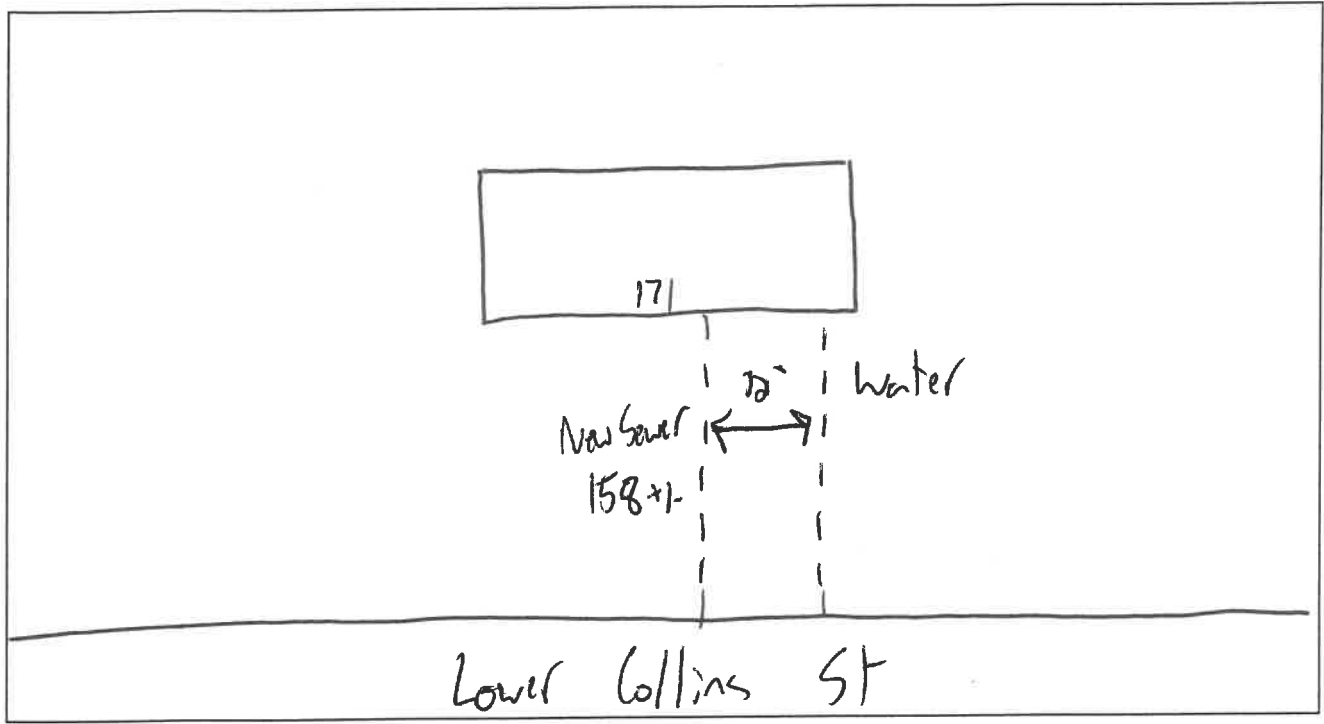
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**House Service Connection Ties**

Address: 171 Lower Collins St  
 Map: 14 Lot: 28 Seq: 100

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition please show the approximate distances from any water lines on the property:



**Connection to Building**

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the rules and ordinances of the Town of Seabrook and the State of New Hampshire. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

**--OFFICE USE ONLY--**

*Board of Sewer Commissioners*

GRANTED \_\_\_ DENIED \_\_\_ DATE \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_ (CHAIRMAN)

*[Signature]* \_\_\_\_\_ (Date) \_\_\_\_\_

11/4/2020

Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_